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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |   | Docket Number (Optional)<br>C1285.70006US01  |                         |
| Application Number<br>10/585,464-Conf. #5882  |   | Filed<br>May 3, 2007   |                         |
| For <b>METHODS FOR DIAGNOSIS AND PROGNOSIS OF CANCERS OF EPITHELIAL ORIGIN</b>  |   |  |                         |
| Art Unit<br>1643  |   | Examiner<br>A. M. Harris   |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |   |  |                         |
|   |   | <u>Fee</u>   | <u>Small Entity Fee</u> |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))   | \$130  | \$65                    |
| <input checked="" type="checkbox"/>   | Two months (37 CFR 1.17(a)(2))  | \$490  | \$245                   |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))  | \$1110   | \$555                   |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1730   | \$865                   |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))   | \$2350   | \$1175                  |
| <input checked="" type="checkbox"/>   | Applicant claims small entity status. See 37 CFR 1.27.  |  |                         |
| <input type="checkbox"/>  | A check in the amount of the fee is enclosed.   |  |                         |
| <input checked="" type="checkbox"/>   | Payment by credit card. <del>Form PTO-2038 is attached.</del>   |  |                         |
| <input type="checkbox"/>  | The Director has already been authorized to charge fees in this application to a Deposit Account.   |  |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23/2825</u> . |  |                         |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>   |   |  |                         |
| I am the  | <input type="checkbox"/>  | applicant/inventor.  |                         |
|   | <input type="checkbox"/>  | assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |                         |
|   | <input checked="" type="checkbox"/>   | attorney or agent of record. Registration Number <u>55,151</u>   |                         |
|   | <input type="checkbox"/>  | attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____                                |                         |
| _____<br>Signature  |   | _____<br>Date  |                         |
| _____<br>Roque El-Hayek<br>Typed or printed name  |   | _____<br>617.646.8000<br>Telephone Number  |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |   |  |                         |
| <input type="checkbox"/>  | Total of <u>1</u> forms are submitted.  |  |                         |

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| <b>Certificate of Electronic Filing Under 37 CFR 1.8</b>   |   |
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). |   |
| Dated: March 9, 2009   | Signature: <u>Eileen M. MacKenzie</u> (Eileen M. MacKenzie) |